

## April 28, 2016 Industrial Insurance Medical Advisory Committee Meeting

### Draft Minutes (\*actions taken)

Topic	Discussion & Outcome(s)
<b>Members present:</b> Drs. Chamblin, Friedman, Gutke, Harmon, Howe, Lang, Leveque, Seaman, Thielke, Tauben, Waring, Carter- on phone <b>Members absent:</b> Dr. Haines <b>L&amp;I staff present:</b> Gary Franklin- phone, Leah Hole-Marshall, Carly Eckert, Nicholas Reul, Simone Javaher- phone, Angela Jones, Zach Gray, Ryan Guppy <b>Public:</b> see public sign in sheet <b>*Action Item</b>	
Welcome, Introductions, Minutes, Announcements	<p>Dr. Chamblin welcomed group and opened meeting. Mention was made of important events including the L&amp;I Drug Take Back Day.</p> <p>Safety Tip provided regarding rushing or fast moving water.</p> <p>*The minutes from 1/28/2016 were read, modified and approved unanimously.</p>
Advisory Committee on Healthcare Innovation and Evaluation (ACHIEV)	<p>Leah Hole-Marshall updated the committee on the morning's ACHIEV meeting. ACHIEV focused on Provider Best Practices and COHE updates in Healthy Worker 2020 (HW2020). Presentations and minutes available at: <a href="http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/PNAG/default.asp">http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/PNAG/default.asp</a></p> <p>Discussion began with describing how the increase in different types of data, especially medical, from Self Insured Employers will develop a more comprehensive view of all injured worker in the State of Washington. This is being accomplished via adopting an electronic national standard data set. Care Coordination was reviewed, touching on all 10 areas, soliciting feedback in each area. Area topics ranged from staff coordination to patient self-care. Good feedback was given on models of care coordination currently being studied. Provider access standards were also reported on. Heat maps need to be more detail focused on providing provider type, location and best practice. Difficulty is identifying how to measure this. It is hard to identify standards while also being sensitive to each community's' needs.</p>
Bio-psycho-social practice resource Now called: Psychosocial Determinants Influencing Recovery (PDIR)	<p>Dr. Stephen Thielke presented an update on Psychosocial Determinants Influencing Recovery (PDIR). It is designed to look at better ways of managing psychosocial risk factors, as opposed to diagnosing and separately managing psychiatric disease and illness in more traditional ways, which have not proven beneficial. He presented a visual overview of semi-completed document and walked the group through its highlights. The document addresses recovery issues, non-mental health related, that can be addressed in primary care. Tools presented allow for upfront identification of issues related to a successful recovery, best practice treatment options and how to monitor progress. A systematic review of different tools was performed including functional improvement and mental health. Question rose if an economic tool was included. No current or validated scales are available. Typically a patient is routed to a mental health provider even when the primary care physician is able to treat patient. Using the PDIR resource allows primary providers to keep patients in their practice for follow up. This model of care was demonstrated using a collaborative care model and was successful at treating patients who didn't need true mental health care. Overall, everyone seemed positive and interested in integrating this resource into their practice. Question was raised if continuing education would be provided.</p>
Knee guideline and subcommittee	<p>Dr. Chris Howe, Chair of the knee surgery subcommittee, gave a final presentation of the guideline. A quick background, the procedures covered, and a brief description of each were provided. The highlights of the guideline were presented including a brief discussion on how diagnostic arthroscopy is now being replaced with MRI. Arthro-</p>



	<p>meniscectomy in a degenerative knee was discussed giving evidence to support the current criteria for surgery. Clarification of the KL scoring system in reference to the designation of degenerative was an action item. *KL score will be added to the criteria table in reference to degenerative arthro-meniscectomy and repeat meniscectomy. Some discussion of the impact of BMI in the knee replacement criteria- greater the BMI indicates worse outcomes, and comments were offered about obesity being a frequent barrier to recovery due to problems with rehab methods such as exercise. Question posed about bilateral total knee replacement. *Committee decided not to add comment to guideline referencing bilateral total knee arthroplasty as there is no contradiction to do so as long as the worker meets criteria for both knees and the condition is accepted on the claim. *L&amp;I will track the number of requests for bilateral total knee replacements over the period of a year. Discussion of physicians reading plain film x-ray for KL determination will be a new practice as required for authorization. Written public comments reviewed. No public speakers. *Vote called, passed unanimously.</p>
	<p>Dr. Tauben made an announcement on proposal to make Associate Medical Directors Group and L&amp;I opioid guidelines consistent with the new Centers for Disease Control guideline dosing threshold. He has met with the Bree Collaborative and would like to create a coordinated effort for change.</p>
Proposed Bylaw changes	<p>Angela Jones presented on previously proposed bylaw changes. Sections affected are G, M &amp; T. Proposed changes were discussed. Section G changes are intended to clarify terms and nomination process. Section T changes aim to clarify and streamline what notice and voting is required to adopt bylaw changes. Section M added sections clarifying quorum and voting requirements. Concern was voiced about recusal and not being able to meet the majority of a quorum. *Vote on section G called and passed with 12 yes votes. *Vote called on section M and passed with 12 yes votes. *Section T was voted to add "first" into sentence, passed with 12 votes. *Vote to keep the proposed deletion of language referring to 75% of members present, passed with 11 votes and 1 recusal. All votes were called to vote and seconded. A vote is planned for the next IIMAC meeting about the newly proposed additional language to section G on July 28. Changes to bylaws will be sent to the Director for approval.</p>
Catastrophic Care Transformation Project	<p>Dr. Carly Eckert presented on the catastrophic care retrospective evaluation. She described the study domains and a quick review of the 5 points. RFP external catastrophic case management services are being assigned to an increasing number of injured workers with a goal of 90% by June 2016. She described care coordination by defining L&amp;I's roles and continuing to look at GAP analysis. Centers of Excellence contract was signed with Harborview for amputee care. Retrospective evaluation reviewed touching on the injury severity score and how it is not a liner predictor of outcomes specifically return to work. Looking for other identifiable factors to help predict outcomes. Next step is the prospective evaluation.</p>
Foot and Ankle Subcommittee	<p>Angela Jones and Zachary Gray presented procedures covered in the current guideline, which was written in 1992. Currently there is no utilization review data due to surgeries being performed outpatient. Data on most frequently performed surgeries over the last 6 year displayed and discussed. 6 injured worker case reviews were presented with similarities in comorbidities and risk factors addressed. Proposed surgical procedures discussed and solicited additional suggestions from committee. Upcoming subcommittee members presented. Committee members were solicited for recommendations of topics for the literature search.</p>
National Guideline Clearinghouse Requirements	<p>Zach Gray presented information regarding the inclusion criteria for the NGC. Currently there are 9 guidelines posted, none would pass the new inclusion criteria. In order to successfully demonstrate all required criteria for inclusion, Zach presented a tool for committee members to use, documenting their literature searches. This will allow documentation of a through systematic review on our topic. Hard copies of the</p>



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	tool were included in the presentation material packet.
Legislative Session Update	Leah Hole-Marshall updated the committee on 3 bills that directly affect L&I. One is tele-medicine which does not cover provider consultation, may be introduced into the next bill.
Adjourn	Meeting was adjourned at 5:00.